

“Awareness Building Regarding Rational Use of Medicines”.

This is a continuation of Jagruti's(www.jagruti.org) proposal titled “Making Medicines Affordable”.

Give2Asia's support has been instrumental in making Jagruti's dream a success, in setting up an affordable drug outlet in the town of Dharwad. This October 2020 the drug outlet will complete two years of its operation. This proposal is in continuation of this initiative started by donations from Give2Asia.

Since last one and half year the “affordable medicine outlet” has gained popularity and common people have started questioning the doctor from whom they get prescriptions. This has undoubtedly started questioning the drug-doctor nexus.

Though a separate account has been opened in Karnataka Bank, Malmaddi, Dharwad, the whole program is under the banner of Jagruti (www.jagruti.org). All the accounts are audited by the Jagruti's auditor and the board members of Jagruti are routinely updated in its meetings.

The drug outlet is also tied with the central government's program of “Pradhan Mantri Jan Aushadhi Kendra” (PMBJK - <http://janaushadhi.gov.in>), from where we procure medicines at affordable price and also quality tested.

The Give2Asia funds allotted to Jagruti was for a period of two and a half years and the funds support ends by June 2020. The funds in this project proposal mainly included salary for the pharmacist and some towards procuring of medicines.

Click here for few pictures

http://www.mediafire.com/folder/odzxd0r8k2vgt/PMBJK_Pictures

JAGRUTI is happy to announce that “Affordable Medicine Outlet” has attained self-sufficiency and now looks ahead for partnering with Give2Asia for furthering the cause by bringing. **“Awareness Building Regarding Rational Use of Medicines”**, among the consumers. This proposal intends to further strengthen the existing affordable drug outlet and fill the gaps by working towards educating the people – the consumer, as to how medicines can be made rationally used.

This new proposal aims to bring awareness among the consumers regarding scientific and proper use of medicines by using measures like: -

- 1) **LIFE-STYLE DISEASES AND THEIR MANAGEMENT:-** Since this education campaign will build on the experiences after having initiated a Pharmacy for affordable medicines, this project undertakes to identify the Diabetes and Blood Pressure patients who regularly buy medicines from our JAGRUTI PMBJK – affordable medicine outlet and educate them about the importance of diet regimes and regular exercises. This will be the major focus of the work.

- a) In the **first year** this will be achieved through contacting these patients individually on various network (like WhatsApp) and educate them about the proper way of maintaining health care including diet and regular exercises and monitor for Red Alerts. Since both of them are life-style diseases every effort will be made to communicate to them about the importance of bringing in changes through their lifestyles like stopping use of tobacco and alcohol. In addition they will be taught the need for monitoring their kidney functioning, regular checkup of the eye (including fundoscopy) and examining for heart problems including ECG and taking care of feet – for loss of sensation. At least fifty patients will be followed up and given counseling. In addition, efforts will be made that those who are educated will further contact their own friends and give them advice regarding the same.
 - b) During the **second-year**, attempts will be made to form associations of these patients (like Diabetes and Blood Pressure) – creating a space for them to share their own experiences in dealing with their health problems. In fact this form of sharing information is supposed to be the best way of dealing with common public health problems instead of depending upon the drug industry for awareness building which often uses these forums to push their products for more profits. These experiences will be documented and shared widely by disseminating through various e forums. All this will involve repeated interactions and hand holding along with the family members. Total 6 such meetings in the first year for this group will be arranged.
 - c) And during the **third-year**, attempts will be made to invite the expert on topics like Diabetes and Blood Pressure and arrange talks by them. Adequate space for question and answer will be made; so that the concerns of the patients are also taken care of. Four such meeting with resource persons and 4 self-discussion group meetings will be arranged in this year as well. In addition, a committee of the patients will be formed with office bearers who will plan to take these issues further. And it is hoped that the group will continue become independent and continue working further without any (or may be marginal support) support from Jagruti.
- 2) **COVID19 AWARENESS:** -Awareness regarding Covid 19 and its impact on health of the vulnerable patients. This initiation will begin as soon as the team is formed with its staff. This will be a priority area of work and will totally be campaign based by joining hands with other likeminded organizations including the government sector. In general awareness regarding the spread of Covid 10 virus will be given; like the need for hand sanitation; the need not touch eye, mouth and other fomites; and the necessity to wear mask. Spitting is a great public nuisance in India. All efforts will be made to bring awareness regarding the same by juxtaposing this with the use of chewing tobacco; which is another major public health problem. But the focus of work will be to address the vulnerable groups like those that are elderly and diabetic or on dialysis or other chronic diseases with immune-compromised status. This will include working actively

in slum areas. Every month one education and awareness program will be planned in slum areas in Dharwad town and/or also rural areas. Single page write-up in simple lucid regional language will be printed and widely distributed. The core idea will be to disseminate scientific information through folklore songs. Since our contact with diabetic patient is already through the drug store this opportunity will be used to further the need to maintain good health by non-drug therapy like exercise and diet regulation. Education material will be disseminated through e-media.

- 3) **ESSENTIAL MEDICINES:**-Disseminate the World Health Organizations concept of Essential Medicines (https://www.who.int/topics/essential_medicines/en/) as widely as possible among various groups including all the patients and develop appropriate material in regional language Kannada; so that the same can be used by common person. A list of commonly used Essential Medicines will be made available and the same will be made available with all its medical use of the medicine along with its proper and scientific use including dosage, side effects and others. A small booklet highlighting this in regional language Kannada will be printed and widely disseminated.
- 4) **STUDIES ON RATIONAL USE OF MEDICINES;** -Conduct studies on various forms of medicines that are in the market like various irrational cough syrups, irrational vitamin combinations and pain-relieving medicines. Two such studies will be undertaken and in addition the drug-companies that manufacture such unscientific preparation will be contacted by writing to them letters and disseminate the same letters to media and other concerned authorities. This study will be widely distributed and shared among the civil society's members and leading medical institutions in India.
- 5) **UNNECESSARY INJECTION:** -Bring awareness regarding the widespread abuse of unnecessary injections. This practice is more rampant in rural areas and effort will be made to disseminate the same. An event will be organized in the village where all doctors that are practicing including traditional healers in the rural areas will be invited along with the consumer for a debate and discussion on the unnecessary use of injections, which is rampant in several pockets of rural India.
- 6) **NON-DRUG INTERVENTION:** -Bringing out small publications in regional language Kannada on 'non-drug interventions' and rational use of medicines. This will focus on common use of irrational medicines that are available to treat common cold and this will be highlighted by with the contents in standard textbooks of medicines. All efforts will be made to get hold of the market sales of these irrational cough and cold remedies; this is to illustrate as to how companies will spend money to promote useless medicines and make huge profits.

- 7) **RATIONAL MEDICINES FOR CONSUMERS:** - Using local weekly markets/bazaars to sell publications relating to Diabetes and Blood Pressure as well as educate people about the over-the-counter medicines to common consumers. These are weekly bazaars that attract lot of villagers, where they bring all the farm products directly from the farm and sell it. As it is directly from the farm it is at much reduced rate and thus it attracts large number of middle-class buyers as they can get the goods at affordable prices. We plan to tap these markets for our literature and also even selling few medicines at affordable cost.
- 8) **INVOLVING DRUG REGULATORY AUTHORITIES;** - Interact with drug regulatory authorities by bringing to notice various misleading advertisements that appear in local magazines in regional language on issues related to medicines and health. Drug regulatory authorities will be regularly updated on issues concerning the activities of Jagruti that relate to irrational medicines.
- 9) **SETTING UP OF A DOCUMENTATION CENTRE;** -Documentation Centre on Rational Medicines; - a documentation centre will be set up that will keep abreast with the books and various magazines that are related to rational use of medicines. This documentation centre will be used by medical, dental and pharmacy students and others in the local town. Special efforts will be made to keep track of all the information website and disseminated as far as possible.
- 10) **WORKSHOPS;** -Arrange workshops/meeting as often as possible (at least one every year). The workshop will keep in mind the needs of the diabetic and blood pressure patients. Methodology used will be participatory research. The exact topics and numbers can be worked only after the groups have been formed.
- 11) **RESOURCE PERSON:** -Attend as a source person whenever invited to interaction activities. As the activities pick up Jagruti work in this area will be discussed among the common people and we will be invited by local groups. These invitations will be used to popularize all the studies that Jagruti has undertaken.
- 12) **NETWORKING;**- The following networks that are active will be contacted and disseminated with our studies so as to further the cause of proper and scientific use of medicines;-
 - a) Drug Action Forum – Karnataka (DAF-K),
 - b) Jan Swasthya Abhiyan – Karnataka (JSA-K),
 - c) All India Drug Action Network (AIDAN - <https://aidanindia.wordpress.com/>),

- d) No Free Lunch – India (<http://nofreelunchindia.org/>),
- e) Jan Swasthya Abhiyan or People’s Health Movement – India (<http://phmindia.org/>),
- f) People’s Health Movement – Global (<https://phmovement.org/>),
- g) Health Action International – Asiapacific (<http://www.haiasiapacific.org/>),
- h) Health Action International (<https://haiweb.org/>) and
- i) International Society of Drug Bulletin (ISDB - <https://www.isdbweb.org/>)

All these networks will all be updated with our activities mostly with regard to our studies and publications and involve them to further disseminate the same. All these are networks and so it is obvious that they in turn will have several members; so when we disseminate the information regarding our studies we are sure that it will reach a much larger audiences. One of the team members of Jagruti has experience on working with “Access to Medicines” at national and global level for over two decades. He also worked for three years at BUKO Pharma Kampagne, Germany (<https://www.bukopharma.de/index.php/en/>).

13) INTERACTING WITH LOCAL BODIES: -Interact with various schools, medical colleges, nurses` teaching institutions, universities in and around the town, Dharwad and discuss about the studies undertaken. There are three Universities in Dharwad – they will be contacted and the studies by Jagruti will be sent to them.

14) INVOLVE LOCAL MEDICAL PRACTITIONERS; -Keep informing the practicing medical doctors and make attempts to involve them. The local doctors in the area along with the traditional healers in the rural areas will all be involved in this effort to educate people.

JOB DESCRIPTION OF THE PHARMACIST: -

- 1) Will be in charge of the project and have over all understanding of the issues.
- 2) Will conduct the studies and interpret the studies and also develop them so that they can be brought to the notice of the consumers.
- 3) Be present at the weekly bazaars so as to educate the consumers.
- 4) Will develop skills to articulate thoughts and work on issues that are related to access to medicines.
- 5) Involve in forming the patient’s groups and produce a plan to train them.
- 6) Attend the pharmacy once a week

JOB DESCRIPTION OF THE SOCIAL WORKER: -

- 1) Understand various issues and plan as to how they can be taken further.
- 2) Keep continuous interaction with the community
- 3) Produce relevant material and identify their needs for activities.
- 4) Visit the villages and develop skills to communicate to them.
- 5) Take on responsibilities as and when necessary to complete the project related activities.

JOB DESCRIPTION OF THE ACCOUNTANT: -

- 1) To liaise with the donor agency and keep track of the funds allotted
- 2) To ensure that salaries are properly administered.
- 3) To make payments as and when necessary for the project work.
- 4) To take on responsibilities as and when necessary to achieve the goals of the project as stated above in the proposal.

Awareness Building Regarding Rational Use of Medicines**(a) BUDGET FOR SALARIES**

FOR THE YEAR 2020 to 2021			
Sl no	Salary for pharmacist	Salary for Social Worker and to work with the community and an accountant	TOTAL (In Indian Rupees)
1	Indian Rupees 20,000/- per month X 12 months = 240,000/-	Indian Rupees 15,000/- per month X 12 months = 180,000/- Indian Rupees 15,000/- per month X 12 months = 180,000/-	600,000
FOR THE YEAR 2021 to 2022			
2	Indian Rupees 25,000/- per month X 12 month = 300,000/-	Indian Rupees 20,000 per month X 12 months = 240,000/- Indian Rupees 15,000/per month X 12 months = 180,000/-	720,000
FOR THE YEAR 2022 to 2023			
3	Indian Rupees 30,000/- per month X 12 months = 360,000/-	Indian Rupees 25,000/- per month X 12 months = 300,000/- Indian Rupees 25,000/- per month X 12 months = 300,000/-	960,000
TOWARDS SALARIES	900,000	1,380,000/-	2,280,000

(b) BUDGET FOR LOGISTICS

SI No	NAME OF THE ITEM	COST
1	Laptop and printer	Indian Rupees 45,000/-
2	Office rent Rs 5000 X 12 months for 1 st year Rs 7000 X 12 months for 2 nd year Rs 9000 X 12 months for 3 rd year	Indian Rupees 60,000/- Indian Rupees 84,000/- Indian Rupees 108,000
3	Basic furniture	Indian Rupees 25,000/-
4	Local transport for all three years	Indian Rupees 50,000/-
5	Electricity, stationary, mobile phone, photocopy and miscellaneous for three years	Indian Rupees 50,000/-
TOWARDS LOGISTICS		Indian Rupees 422,000

a	Budget for salaries	2,280,000/
b	Budget for logistics	422,000
GRAND TOTAL (Indian Rupees)		INDIAN RUPEES 2,702,000
GRAND TOTAL (US \$)		US \$ 35,856*

GRAND TOTAL INDIAN RUPEES 2,702,000

GRAND TOTAL US \$ 35,395* 35,856

Thirty five thousand eight hundred fifty-six US \$

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*Dollar exchange price as on 29th April 2020